CR. 04-30049 KPN

SENDER: *COMPLETE THIS SECTION*	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by *(Please Print Clearly)* B. Date of Delivery ✓ *Kerron* 12 Jun 04 C. Signature X _____ ☐ Agent ☐ Addressee
1. Article Addressed to: Franklin County Jail 160 Elm Street Greenfield MA 01301	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	3. Service Type X☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*

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PS Form 3811, July 1999   Domestic Return Receipt   102595-00-M-0952